

## COMPANY PROFILE ☒

- ☒ 1. Company Name: \_\_\_\_\_
- ☒ 2. Company Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code)
- ☒ 3. Mailing Address: \_\_\_\_\_  
(Street)  
☐ Mailing address is same as address  
\_\_\_\_\_  
(City) (State/Province) (Zip/Postal Code)
- ☒ 4. Region/County: ☐ Carbon County ☐ Emery County ☐ San Juan County
- ☒ 5. Company Phone: ( ) - \_\_\_\_\_
6. Company Fax: ( ) - \_\_\_\_\_
7. Company Web: \_\_\_\_\_
8. Business Sector: ☐ Chamber member ☐ Incubator ☐ Mentored  
☐ Public financed ☐ Home based Business  
☐ Main Street Redevelopment
- ☒ 9. Company NAICS Code: \_\_\_\_\_  
(Use pull-down list on online survey)
10. Company notes: \_\_\_\_\_  
\_\_\_\_\_

## VISIT INFORMATION ☒

*Note: Company contacts/titles can be added under Company Portfolio*

- ☒ 11. Date of Meeting: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)
- ☒ 12. Interview Number: \_\_\_\_\_
- ☒ 13. Specialist Name: \_\_\_\_\_
- ☒ 14. Is the specialist responsible for managing this company's record? ☐ Yes ☐ No
15. If No: \_\_\_\_\_

- ☒ 16. Contact interviewed: \_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Salutation) (First Name) (Last Name)  
\_\_\_\_\_  
( ) - ( ) -  
(Phone Number.) (Mobile Number)  
\_\_\_\_\_  
( ) -  
(Fax Number) (Email Address)
- Prefers to communicate via: ☐ Phone ☐ Mobile ☐ Fax ☐ Email
- ☒ 17. Should this company be re-visited? ☐ Yes ☐ No
18. If Yes, when? Re-visit month: \_\_\_\_\_ Re-visit year: \_\_\_\_\_

## COMPANY INFORMATION

19. Description of products/services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Who are your competitors? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. What are the factors that make your company successful here? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Status of primary product or service: ☐ Proprietary ☐ Commodity
23. Nature of service: \_\_\_\_\_  
\_\_\_\_\_
24. Type of product: \_\_\_\_\_
25. Life cycle stage of firm's primary product or service:  
☐ Emerging ☐ Growing ☐ Maturing ☐ Declining
26. What is the company's ownership status? ☐ Privately owned ☐ Publicly held
27. What is the company's legal status?  
☐ Sole proprietorship ☐ Partnership ☐ Other  
☐ Corporation ☐ Limited liability corporation (LLC)

☐ Employee owned  
(ESOP)

☐ Non-profit

28. If *Other*, please identify: \_\_\_\_\_

29. Location of company's headquarters: ☐ In State ☐ Elsewhere in nation ☐ Outside USA

30. What year was this facility started? \_\_\_\_\_

31. Name of parent company, if different: \_\_\_\_\_

32. Functions located at this facility:

☐ Distribution

☐ Engineering / RD

☐ Headquarters

☐ Manufacturing

☐ Services

☐ Warehousing

33. Does this company have another U.S. location that provides a similar product/service as the local operation? ☐ Yes ☐ No

34. Notes: \_\_\_\_\_

35. Does this company have another location elsewhere in the world that provides a similar product/service as the local operation? ☐ Yes ☐ No

36. Notes: \_\_\_\_\_

37. Has the local facility changed owners in the past five years? ☐ Yes ☐ No

38. If Yes, describe the local impact of the change in ownership?

☐ Positive ☐ Negative ☐ Neutral

39. Is an ownership change pending for this facility? ☐ Yes ☐ No

40. Has the local facility changed management in the past five years? ☐ Yes ☐ No

41. If Yes, describe the local impact of the change in management:

☐ Positive ☐ Negative ☐ Neutral

42. Is there a formal succession plan?

☐ Yes ☐ No ☐ Not applicable

43. If *No*, would you like assistance in preparing a succession plan? ☐ Yes ☐ No

44. Do you have adequate capital? ☐ Yes ☐ No

45. Would you like assistance in obtaining additional capital? ☐ Yes ☐ No

46. Does this firm have a current strategic plan? ☐ Yes ☐ No

47. Is this business insured? ☐ Yes ☐ No

48. Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LOCAL WORKFORCE

49. Total number of employees at this facility: \_\_\_\_\_

50. Historical employment trend: ☐ Increasing ☐ Staying the same ☐ Declining

51. Projected number of employees at this facility: \_\_\_\_\_

52. What are your training and workforce, education and other related needs? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

53. Percent of workforce:

Skilled/Professional:	_____ %
Semi-skilled:	_____ %
Entry-level:	_____ %
<b>Total:</b>	<b>100 %</b>

54. Average hourly workforce wage (*less benefits*):

Skilled/Professional:	_____ \$
Semi-skilled:	_____ \$
Entry-level:	_____ \$

55. Describe the wage scale here compared to all other firms locally:

☐ Greater than ☐ Same as ☐ Lower than

56. What benefits do you offer your employees?

<input type="checkbox"/> None	<input type="checkbox"/> Medical	<input type="checkbox"/> Dental
<input type="checkbox"/> Vision	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> 401K

57. Percent of workforce who live in:

Carbon County:	_____ %
Emery County:	_____ %
Juab County	_____ %
Piute	_____ %
San Juan County	_____ %
Sevier County	_____ %
Wayne County	_____ %
Elsewhere in state:	_____ %
Another state:	_____ %
<b>Total:</b>	<b>100 %</b>

58. Describe the majority of essential personnel at this location:

- ☐ Youthful (under 35 years) \_\_\_\_\_ of employees
- ☐ Young (35-45 years) \_\_\_\_\_ of employees
- ☐ Middle Age (45-55 years) \_\_\_\_\_ of employees
- ☐ Near retirement (55+ years) \_\_\_\_\_ of employees

59. Do you have problems retaining employees? ☐ Yes ☐ No

60. Employee retention notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

61. Do you have any problems recruiting employees? ☐ Yes ☐ No

62. Employee recruitment notes: \_\_\_\_\_

\_\_\_\_\_

63. Is there a formal workforce training program in place? ☐ Yes ☐ No

64. Status of union: ☐ Yes ☐ No ☐ Not applicable

65. If Yes, status of labor-management relations: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

66. ISO certification: ☐ Yes ☐ No ☐ In process ☐ Not applicable

67. Workforce notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SALES

68. Annual sales at this facility:

- ☐ 0 - \$50K      ☐ \$50K - \$100K      ☐ \$100K - \$250K  
☐ \$250K - \$500K      ☐ \$500K - \$1Million      ☐ \$1 million or more      ☐ Annual sales private

69. What is the projected sales growth in the next year at this facility?

- ☐ Greater than or equal to 100%      ☐ 50 – 99%      ☐ 25 - 49%  
☐ 10 - 24%      ☐ 1 – 9%      ☐ 0%  
☐ Declining

70. Historical sales trend at this facility:      ☐ Increasing      ☐ Staying the same      ☐ Declining

71. Historical sales trend at the parent company:

- ☐ Increasing      ☐ Staying the same      ☐ Declining      ☐ Not applicable

72. Historical sales trend within the industry:      ☐ Increasing      ☐ Staying the same      ☐ Declining

73. Sales trend notes: \_\_\_\_\_

74. Percent of total sales generated by top three customers:

- ☐ 76 – 100%      ☐ 51 – 75%      ☐ 26 – 50%  
☐ 10 – 25%      ☐ 1 – 9%

75. Do you engage in government procurement?      ☐ Yes      ☐ No

76. Please identify the source of your sales by percentage:

Local (within 50 miles): \_\_\_\_\_ %  
Regional (51 – 250 miles): \_\_\_\_\_ %  
National: \_\_\_\_\_ %  
International: \_\_\_\_\_ %  
**Total: 100 %**

77. Please identify the source of your supplies by percentage:

Local (within 50 miles): \_\_\_\_\_ %  
Regional (51 – 250 miles): \_\_\_\_\_ %  
National: \_\_\_\_\_ %  
International: \_\_\_\_\_ %  
**Total: 100 %**

78. International trade status:

- ☐ Import      ☐ Export      ☐ None      ☐ Not applicable

79. Historical export sales trend:

- ☐ Increasing      ☐ Staying the same      ☐ Declining      ☐ Not applicable

80. Sales notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## E-COMMERCE

81. Use of Internet:

- ☐ Email      ☐ Website      ☐ Market research      ☐ Sell products/services  
☐ Buy products/services      ☐ Exchange data internally/externally  
☐ Don't use

82. Type of Internet connection:

- ☐ Dial-up 56k      ☐ ISDN      ☐ DSL      ☐ Cable      ☐ T1  
☐ T3      ☐ Wireless      ☐ Don't know      ☐ None

83. Importance of Internet for your business today:

- ☐ Very Important      ☐ Somewhat important      ☐ Not important

84. Do you have dedicated IT staff or vendor to handle your IT?      ☐ Yes      ☐ No

85. What is the status of your investment in IT over the past 18 months?

- ☐ Increasing      ☐ Staying the same      ☐ Declining

86. Condition of computers and other information technology equipment:

- ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

87. E-Commerce notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FACILITY / EQUIPMENT

88. Status of facility:

- ☐ Owned      ☐ Leased

89. If *Leased*, expiration date:      \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)

90. Condition of facility:

- ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

91. Condition of equipment:

- ☐ Excellent      ☐ Good      ☐ Fair      ☐ Poor

92. Describe the operations at this site:

- ☐ One shift      ☐ Two shifts      ☐ 24 hours

93. How much of this facility's space are you currently using?

- ☐ More than 90%    ☐ 76 – 90%    ☐ 51 – 75%    ☐ Less than 50%
94. How much equipment capacity are you currently using?
- ☐ More than 90%    ☐ 76 – 90%    ☐ 51 – 75%    ☐ Less than 50%
95. Historical investment trends (over past 18 months) in the facility:
- ☐ Increasing    ☐ Staying the same    ☐ Declining
96. Historical investment trends (over past 18 months) in the equipment at this facility:
- ☐ Increasing    ☐ Staying the same    ☐ Declining
97. Is there room for expansion at this site?
- ☐ Yes    ☐ No
98. Are you planning to expand locally in the next 12 – 18 months?
- ☐ Yes    ☐ No
99. Facility / Equipment Notes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## MUNICIPAL SERVICES

**Ranking scale:** 1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = No opinion 6 = Not applicable

	1	2	3	4	5	6
100. Public water/sewer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Code enforcement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building inspection/permitting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoning/land use:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local road network/condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interstate highway system/condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airport:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility – gas:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility – electric:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police protection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire/emergency services:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

101. Municipal services notes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



**Government Assistance Received:**

- |   |  |                      |    |
|---|--|----------------------|----|
| 102. Hub Zone                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Targeted business tax credits           | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Enterprise Zone employee                | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Enterprise Zone plant & equipment       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Enterprise Zone building rehabilitation | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Recycling Zone credits                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Eco. Dev. Tax Increment Financing       | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Aviation Tax Increment Financing        | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Custom Fit Training                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| RDA/EDA Area                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Municipal Funding Program               | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Revolving Loan Fund                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Southeast Utah Community Dev. Corp.     | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Local Two Year Community/Trade College  | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Four year university                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |
| Other: _____                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, amount rec'd | \$ |

103. Gov't Assistance Notes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**BUSINESS CLIMATE**

**Ranking scale:** 1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = No opinion

- |                                    | 1                        | 2                        | 3                        | 4                        | 5                        |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 104. Workforce quality:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workforce availability:            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local government:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local tax structure:               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| State tax structure:               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workers compensation rates:        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Economic development:              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recreational / cultural amenities: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housing:                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K-12 education:                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Colleges/universities:             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Technical training:                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

105. Business climate notes: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

106. Please rate the local business climate:

☐ Excellent ☐ Good ☐ Fair ☐ Poor

107. Please compare the business climate today versus five years ago:

☐ Better today ☐ Worse today ☐ No change ☐ No opinion

108. Please forecast the condition of the local business climate five years from today:

☐ Will be better ☐ Will be worse ☐ No change ☐ No opinion

109. Please indicate this company's attitude toward this facility:

☐ Positive ☐ Negative ☐ Neutral

110. Please indicate this company's attitude toward this community:

☐ Positive ☐ Negative ☐ Neutral

111. Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## ASSESSMENT

### Mystery Shopper

Ranking scale: 1 = Excellent 2 = Good 3 = Fair 4 = Poor 5 = No opinion

	1	2	3	4	5
112. Met expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Greeted promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendly atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate order/service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up sale/cross sale business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met a can-do request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handled a cannot-do request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended other local businesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate local directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

113. Mystery Shopper Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

114. How would you rate this facility's overall health?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

115. How would you rate the overall health of the parent company?

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Not applicable

116. How would you rate the local management's affinity to the community?

☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor

117. How would you rate the parent company's affinity to the community?

☐ Excellent    ☐ Good    ☐ Fair    ☐ Poor    ☐ Not applicable

118. How would you rate the risk of this facility closing in the next 1 to 3 years?

☐ Low    ☐ Moderate    ☐ High

119. How would you rate the risk of this facility downsizing in the next 1 to 3 years?

☐ Low    ☐ Moderate    ☐ High

120. Are there any local expansion plans in the next 12 – 18 months?    ☐ Yes    ☐ No

121. Assessment notes: \_\_\_\_\_

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## Central Utah Business Expansion and Retention Program

### Client Release of Information

I hereby authorize the Business Expansion and Retention Program to enter the information pertaining to the survey conducted at my business into a data base which is to be utilized to analyze business trends, facilitate planning and to render specific assistance to my business if requested.

- Work Force Services
- Vocational Rehabilitation
- Carbon County Economic Developer
- Emery County Economic Developer
- Revolving Loan Fund
- Procurement
- Small Business Incubator (BTAC)
- Related economic development programs or staff persons.

I provide this information under the understanding that those agencies receiving information will retain such information in confidence and not to publish, make available or otherwise disclose any part or portion of such information to any third party. I understand that those agency / individuals will not directly or indirectly, disclose, communicate, divulge, or furnish to, or use for the benefit of themselves, or any other person, firm, corporation, or agency, the information, business plans, ideas, processes, designs, products, technical specification, discoveries, data, trade secrets and other proprietary information, disclosed by the agencies listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date